## YOU SHOULD FAX YOUR PAPERWORK BACK TO US AT (937) 257-3477

# THE PAPERWORK WE REQUIRE TO BEGIN THE PROCESS IS AS FOLLOWS:

- A COMPLETED, SIGNED AND DATED DD FORM 1299
- A COMPLETED, SIGNED AND DATED DD FORM 1797
- AND A FULL COPY OF ORDERS (ALL PAGES, FRONT AND BACK), AMENDMENTS AND/OR AF FORM 150

IF YOU ARE FILLING OUT THIS PAPERWORK FOR SOMEONE ELSE, PLEASE BE AWARE THAT WE MUST HAVE A COPY OF THE POWER OF ATTORNEY NAMING YOU AS PERMITTED TO HANDLE THE MEMBER'S/EMPLOYEE'S HOUSEHOLD GOODS MOVE.

PLEASE ENSURE THAT YOU VERIFY YOUR INFORMATION WITH A COUNSELOR OR YOUR MOVE MAY BE DELAYED.

APPLICATION FOR SHIPMENT AND/OR		1. DATE PREPARED	(YYYYMMDD)	2. SHIPMENT NUMBER			
STORAGE OF PERSONAL PROPERTY			II BATE TREITINES (TATAMINES)				
(Read Privacy Act Statement on back before completing form.)							
3. NAME OF PREPARING OFFICE			4. TO (Responsible Origin Personal Property Shipping Office)				
			a. NAME				
5. NAME OF DESTINATION P	ERSONAL PROPER	TY SHIPPING OFFICE	b. ADDRESS (Street, Se	uite Number, City, Stat	te, ZIP Code)		
(	IFODA A TION						
6. MEMBER OR EMPLOYEE IN		T	1	1			
a. NAME (Last, First, Middle Initia	1)	b. RANK/GRADE	c. SSN	d. AGENCY			
7. REQUEST ACTION BE TAK	EN TO TRANSPOR	T OR STORE THE FO	LLOWING:				
a. HOUSEHOLD GOODS/UNACCO	)MPANIED BAGGAGE	/ITEMS/NO. OF CONTAL	NFRS (Enter quantity estim	nate)			
		ESSIONAL BOOKS, PAR			ID VALUABLE ITEMS (Number of		
(1) 100ND3	• •	ONE" if not applicable)	EKS, AND EQUITIVIENT	cartons)	VALUABLE ITEMS (Number of		
				Cartorisj			
b. MOBILE HOME INFORMATION (	(Enter dimensions in fe	eet and inches)					
(1) SERIAL NUMBER	(2) LENGTH	(3) WIDTH	(4) HEIGHT	(5) TYPE EXPANDE	O (Describe)		
c. MOBILE HOME SERVICES REQU	IFSTED /Y as applicat	n/a)					
		· —	ONAE LINIBLOOKED	CTODED AT ODIOIN	CTORER AT RECTINATION		
	MOBILE HOME BLOCK			STORED AT ORIGIN	STORED AT DESTINATION		
8. THIS SHIPMENT/STORAGE	: IS REQUIRED INC	IDENT TO THE FOLL	OWING CHANGE OF ST	TATION ORDERS:			
a. TYPE ORDERS (X one)		b. ISSUED BY		c. NEW DUTY AS	SIGNMENT		
PERMANENT	TEMPORARY						
d. DATE OF ORDERS (YYYYMMD)	D) e. ORDERS	NUMBER	f. PARAGRAPH NO.	a. IN TRANSIT TE	LEPHONE NO. (Include Area Code)		
,				J T	,		
L IN TRANSIT ADDRESS (Chart	A	!t. Ct-t- 7/D C					
h. IN TRANSIT ADDRESS (Street,	Apartment Number, Ci	ity, State, ZIP Code)					
9. PICKUP (ORIGIN) INFORMA	ATI <mark>ON</mark>		10. DESTINATION IN	IFORMATION			
a. ADDRESS (Street, Apartment I	Nu <mark>mbe</mark> r, City, County,	State, ZIP Code)	a. ADDRESS (Street,	a. ADDRESS (Street, Apartment Number, City, County, State, ZIP Code)			
(If a mobile home park, include i	m <mark>obi</mark> le home court nar	me)	(If a mobile ho <mark>me pa</mark>	<mark>ark, in</mark> clud <mark>e mo</mark> bile hon	ne court name)		
b. TELEPHONE NUMBER (Include A	Area Code)		b. AGENT DESIGNATI	ED TO RECEIVE PROPE	ERTY		
11. EXTRA PICKUP/DELIVERY	ADDRESS (If appli	icable)	12. SCHEDULED DATE FOR (YYYYMMDD)				
	. ,,	,	a. PACK	b. PICKUP	c. DELIVERY		
				2	o. 221.72.11		
10. 05144.040							
13. REMARKS							
14. I CERTIFY THAT NO OTHE	ED CHIDMENITS AND	D/OD NONTEMBODA	DV STODACE HAVE DE	CEN MADE LINDED	THESE ODDEDS EVCEDT AS		
INDICATED BELOW (If noi			KY STUKAGE HAVE BI	EEN WADE UNDER	THESE UNDERS EXCEPT AS		
·		· /		c. NET POUND	OS d. POUNDS OF PBP&E		
a. FROM			b. TO	(Actual or estima			
				+			
15. CERTIFICATION OF SHIPM				no printed on the be	ack aids of this form		
I certify that I have read a		_ 11 0 1	- U				
a. SIGNATURE OF MEMBER/EMP	LOYEE	b. DATE SIGNED	c. ADDRESS OF CONTI	RACTOR (Street, Suite	No., City, State, ZIP Code)		
A NAME OF CONTRACTOR (Original							
d. NAME OF CONTRACTOR (Original Control of the Cont	gin DPIVI or non-tempol	rary storage)					
16. CERTIFICATE IN LIEU OF S							
<u> </u>		sional books, papers	ers and equipment authorized to be shipped at government expense.				
a. REASON FOR NONAVAILABIL	ITY OF SIGNATURE		b. CERTIFIED BY (Signature)				
			TITLE				
			c. TITLE				
		i e					

APPLICATION								
APPLICATION FOR SHIPMENT AND/OR STORAGE OF PERSONAL PROPERTY		1. DATE PREPARED (YYYYMMDD) 2. SHIPMENT NUN						
(Read Privacy Act Statement on back before completing form.)								
3. NAME OF PREPARING OFFICE			4. TO (Responsib	ble Origin Personal Prope	rty Shipping Office)			
			a. NAME					
5. NAME OF DESTINATION	PERSONAL PROPERT	TY SHIPPING OFFIC	E b. ADDRESS (Street	et, Suite Number, City, State	e, ZIP Code)			
6. MEMBER OR EMPLOYEE	INFORMATION		<u> </u>					
a. NAME (Last, First, Middle Init	ial)	b. RANK/GRADE	c. SSN	SSN d. AGENCY				
7. REQUEST ACTION BE TA	KEN TO TRANSPORT	T OR STORE THE FO	T OWING:					
a. HOUSEHOLD GOODS/UNACC				actimata)				
(1) POUNDS			PERS, AND EQUIPMEN	•	VALUABLE ITEMS (Number of			
(1) FOUNDS		ONE" if not applicable)	FERS, AND EQUIPMEN	cartons)	VALUABLE ITEMS (Number of			
				cartorisy				
b. MOBILE HOME INFORMATION		· · · · · · · · · · · · · · · · · · ·	1	1 (-) -,	( <del>-</del>			
(1) SERIAL NUMBER	(2) LENGTH	(3) WIDTH	(4) HEIGHT	(5) TYPE EXPANDO	(Describe)			
c. MOBILE HOME SERVICES REC	<b>UESTED</b> (X as applicable	le)						
CONTENTS PACKED	MOBILE HOME BLOCK	KED MOBILE H	OME UNBLOCKED	STORED AT ORIGIN	STORED AT DESTINATION			
8. THIS SHIPMENT/STORAG	SE IS REQUIRED INCI	DENT TO THE FOLL	OWING CHANGE O	F STATION ORDERS:				
a. TYPE ORDERS (X one)		b. ISSUED BY		c. NEW DUTY ASS	IGNMENT			
PERMANENT	TEMPORARY							
d. DATE OF ORDERS (YYYYMM)	<u> </u>	NUMBER	f. PARAGRAPH NO	D. a. IN TRANSIT TEL	EPHONE NO. (Include Area Code)			
,	,			J	·			
h. IN TRANSIT ADDRESS (Street	L Δnartment Number Ci	ity State 7IP Code)						
III TRANSIT ADDRESS (Street	, Apartment Number, Cr	ty, State, 211 Code)						
O DICKLID (ODICINI) INICODA	ATION		10 DECTINATIO	N. INCODMATION				
<ol> <li>PICKUP (ORIGIN) INFORM</li> <li>ADDRESS (Street, Apartment</li> </ol>		Ctata 7ID Cada		N INFORMATION eet, Apartment Number, City	County State 7/D Code)			
(If a mobile home park, include				me park, include mobile home				
(If a mobile nome park, meladi	e mobile nome court nam	nc)	(III a mobile non	ne park, meidde mobile nom	court namey			
	Area Code)		b. AGENT DESIGI	NATED TO RECEIVE PROPER	RTY			
b. TELEPHONE NUMBER (Include	•							
b. TELEPHONE NUMBER (Include								
11. EXTRA PICKUP/DELIVER		cable)	12. SCHEDULED	DATE FOR (YYYYMMD)	D)			
		cable)	12. SCHEDULED  a. PACK	DATE FOR (YYYYMMD)	C. DELIVERY			
		cable)			<u> </u>			
11. EXTRA PICKUP/DELIVER		cable)			<u> </u>			
		cable)			<u> </u>			
11. EXTRA PICKUP/DELIVER		cable)			<u> </u>			
11. EXTRA PICKUP/DELIVER		cable)			<u> </u>			
11. EXTRA PICKUP/DELIVER  13. REMARKS	Y ADDRESS (If applie		a. PACK	b. PICKUP	c. DELIVERY			
11. EXTRA PICKUP/DELIVER  13. REMARKS  14. I CERTIFY THAT NO OTHER	Y ADDRESS (If applied) HER SHIPMENTS AND	D/OR NONTEMPOR <i>I</i>	a. PACK	b. PICKUP	c. DELIVERY			
11. EXTRA PICKUP/DELIVER  13. REMARKS  14. I CERTIFY THAT NO OTH INDICATED BELOW (If no	Y ADDRESS (If applied the second seco	D/OR NONTEMPOR <i>I</i>	a. PACK  ARY STORAGE HAV	b. PICKUP	c. DELIVERY  HESE ORDERS EXCEPT AS			
11. EXTRA PICKUP/DELIVER  13. REMARKS  14. I CERTIFY THAT NO OTHER	Y ADDRESS (If applied the second seco	D/OR NONTEMPOR <i>I</i>	a. PACK	b. PICKUP  /E BEEN MADE UNDER T	c. DELIVERY  HESE ORDERS EXCEPT AS  d. POUNDS OF PBP&E			
11. EXTRA PICKUP/DELIVER  13. REMARKS  14. I CERTIFY THAT NO OTH INDICATED BELOW (If no	Y ADDRESS (If applied the second seco	D/OR NONTEMPOR <i>I</i>	a. PACK  ARY STORAGE HAV	b. PICKUP  /E BEEN MADE UNDER T  c. NET POUNDS	c. DELIVERY  HESE ORDERS EXCEPT AS  d. POUNDS OF PBP&E			
11. EXTRA PICKUP/DELIVER  13. REMARKS  14. I CERTIFY THAT NO OTH INDICATED BELOW (If no	Y ADDRESS (If applied the second seco	D/OR NONTEMPOR <i>I</i>	a. PACK  ARY STORAGE HAV	b. PICKUP  /E BEEN MADE UNDER T  c. NET POUNDS	c. DELIVERY  HESE ORDERS EXCEPT AS  d. POUNDS OF PBP&E			
11. EXTRA PICKUP/DELIVER  13. REMARKS  14. I CERTIFY THAT NO OTH INDICATED BELOW (If no	Y ADDRESS (If applied the second seco	D/OR NONTEMPOR <i>I</i>	a. PACK  ARY STORAGE HAV	b. PICKUP  /E BEEN MADE UNDER T  c. NET POUNDS	c. DELIVERY  HESE ORDERS EXCEPT AS  d. POUNDS OF PBP&E			
11. EXTRA PICKUP/DELIVER  13. REMARKS  14. I CERTIFY THAT NO OTHER (INDICATED BELOW (If no a. FROM)  15. CERTIFICATION OF SHIF	Y ADDRESS (If applied of the control	D/OR NONTEMPOR/ ")  ITIES/STORAGE CO	a. PACK  ARY STORAGE HAV  b. TO  NDITIONS	b. PICKUP  /E BEEN MADE UNDER T  c. NET POUNDS (Actual or estimate)	c. DELIVERY  HESE ORDERS EXCEPT AS  d. POUNDS OF PBP&E (Actual or estimated)			
11. EXTRA PICKUP/DELIVER  13. REMARKS  14. I CERTIFY THAT NO OTHER INDICATED BELOW (If no a. FROM  15. CERTIFICATION OF SHIFT I certify that I have read	Y ADDRESS (If applied of applied	D/OR NONTEMPOR/ ")  ITIES/STORAGE CO	a. PACK  ARY STORAGE HAV  b. TO  NDITIONS ies and storage cone	b. PICKUP  LE BEEN MADE UNDER T  C. NET POUNDS (Actual or estimate)  ditions printed on the back	c. DELIVERY  HESE ORDERS EXCEPT AS  d. POUNDS OF PBP&E (Actual or estimated)  ck side of this form.			
11. EXTRA PICKUP/DELIVER  13. REMARKS  14. I CERTIFY THAT NO OTHER (INDICATED BELOW (If no a. FROM)  15. CERTIFICATION OF SHIF	Y ADDRESS (If applied of applied	D/OR NONTEMPOR/ ")  ITIES/STORAGE CO	a. PACK  ARY STORAGE HAV  b. TO  NDITIONS ies and storage cone	b. PICKUP  /E BEEN MADE UNDER T  c. NET POUNDS (Actual or estimate)	c. DELIVERY  HESE ORDERS EXCEPT AS  d. POUNDS OF PBP&E (Actual or estimated)  ck side of this form.			
11. EXTRA PICKUP/DELIVER  13. REMARKS  14. I CERTIFY THAT NO OTHER INDICATED BELOW (If no a. FROM  15. CERTIFICATION OF SHIFT I certify that I have read	Y ADDRESS (If applied of applied	D/OR NONTEMPOR/ ")  ITIES/STORAGE CO	a. PACK  ARY STORAGE HAV  b. TO  NDITIONS ies and storage cone	b. PICKUP  LE BEEN MADE UNDER T  C. NET POUNDS (Actual or estimate)  ditions printed on the back	c. DELIVERY  HESE ORDERS EXCEPT AS  d. POUNDS OF PBP&E (Actual or estimated)  ck side of this form.			
11. EXTRA PICKUP/DELIVER  13. REMARKS  14. I CERTIFY THAT NO OTHER INDICATED BELOW (If no a. FROM a. FROM a. FROM a. FROM a. SIGNATURE OF MEMBER/EM.	HER SHIPMENTS AND ONE, indicate "NONE.  MENT RESPONSIBIL and understand my supplies the standard of the standa	D/OR NONTEMPOR/ ")  ITIES/STORAGE CO hipping responsibilit b. DATE SIGNED	a. PACK  ARY STORAGE HAV  b. TO  NDITIONS ies and storage cone	b. PICKUP  LE BEEN MADE UNDER T  C. NET POUNDS (Actual or estimate)  ditions printed on the back	c. DELIVERY  HESE ORDERS EXCEPT AS  d. POUNDS OF PBP&E (Actual or estimated)  ck side of this form.			
11. EXTRA PICKUP/DELIVER  13. REMARKS  14. I CERTIFY THAT NO OTHER INDICATED BELOW (If no a. FROM  15. CERTIFICATION OF SHIFT I certify that I have read	HER SHIPMENTS AND ONE, indicate "NONE.  MENT RESPONSIBIL and understand my supplies the standard of the standa	D/OR NONTEMPOR/ ")  ITIES/STORAGE CO hipping responsibilit b. DATE SIGNED	a. PACK  ARY STORAGE HAV  b. TO  NDITIONS ies and storage cone	b. PICKUP  LE BEEN MADE UNDER T  C. NET POUNDS (Actual or estimate)  ditions printed on the back	c. DELIVERY  HESE ORDERS EXCEPT AS  d. POUNDS OF PBP&E (Actual or estimated)  ck side of this form.			
11. EXTRA PICKUP/DELIVER  13. REMARKS  14. I CERTIFY THAT NO OTHER INDICATED BELOW (If no a. FROM  a. FROM  15. CERTIFICATION OF SHIP I certify that I have read a. SIGNATURE OF MEMBER/EN  d. NAME OF CONTRACTOR (O)	HER SHIPMENTS AND One, indicate "NONE.  MENT RESPONSIBILIAND UNDER SHIPMENT RESPONSIBILIAND U	D/OR NONTEMPORA")  ITIES/STORAGE CO hipping responsibilit b. DATE SIGNED	a. PACK  ARY STORAGE HAV  b. TO  NDITIONS ies and storage cond  c. ADDRESS OF CO	b. PICKUP  C. NET POUNDS (Actual or estimate)  ditions printed on the bacontractor (Street, Suite I	c. DELIVERY  HESE ORDERS EXCEPT AS  d. POUNDS OF PBP&E (Actual or estimated)  ck side of this form.  No., City, State, ZIP Code)			
11. EXTRA PICKUP/DELIVER  13. REMARKS  14. I CERTIFY THAT NO OTHER INDICATED BELOW (If no a. FROM a. FROM a. FROM a. SIGNATURE OF MEMBER/EN. d. NAME OF CONTRACTOR (O. 16. CERTIFICATE IN LIEU OF 16. CERTIFICATE IN LIEU OF 17. IN LIEU OF 18. IN LIEU OF 19. IN LIE	HER SHIPMENTS AND ONE, INDICATE TO AND ONE, INDICAT	D/OR NONTEMPORA")  ITIES/STORAGE CO hipping responsibilit b. DATE SIGNED  rary storage)  IS FORM IS REQUIR	a. PACK  ARY STORAGE HAV  b. TO  NDITIONS ies and storage cond c. ADDRESS OF CO	b. PICKUP  /E BEEN MADE UNDER T  c. NET POUNDS (Actual or estimate)  ditions printed on the bacontractor (Street, Suite in the suite of the suite in the suite of the suite in	c. DELIVERY  HESE ORDERS EXCEPT AS  d. POUNDS OF PBP&E (Actual or estimated)  ck side of this form.  Vo., City, State, ZIP Code)  Property is baggage,			
11. EXTRA PICKUP/DELIVER  13. REMARKS  14. I CERTIFY THAT NO OTHER INDICATED BELOW (If no a. FROM  a. FROM  15. CERTIFICATION OF SHIP I certify that I have read a. SIGNATURE OF MEMBER/EN  d. NAME OF CONTRACTOR (O)	HER SHIPMENTS AND ONE, Indicate "NONE.  MENT RESPONSIBIL and understand my supplies and understand my	D/OR NONTEMPORA")  ITIES/STORAGE CO hipping responsibilit b. DATE SIGNED  rary storage)  IS FORM IS REQUIR	a. PACK  ARY STORAGE HAV  b. TO  NDITIONS ies and storage cond c. ADDRESS OF CO	b. PICKUP  /E BEEN MADE UNDER T  c. NET POUNDS (Actual or estimate)  ditions printed on the bacontractor (Street, Suite in the policy of the picket.	c. DELIVERY  HESE ORDERS EXCEPT AS  d. POUNDS OF PBP&E (Actual or estimated)  ck side of this form.  Vo., City, State, ZIP Code)  Property is baggage,			
11. EXTRA PICKUP/DELIVER  13. REMARKS  14. I CERTIFY THAT NO OTHER INDICATED BELOW (If no a. FROM a. FROM a. FROM a. SIGNATURE OF MEMBER/EN. d. NAME OF CONTRACTOR (O. 16. CERTIFICATE IN LIEU OF household goods, mobile	HER SHIPMENTS AND ONE, Indicate "NONE.  MENT RESPONSIBIL and understand my supplies and understand my	D/OR NONTEMPORA")  ITIES/STORAGE CO hipping responsibilit b. DATE SIGNED  rary storage)  IS FORM IS REQUIR	a. PACK  ARY STORAGE HAV  b. TO  NDITIONS ies and storage cond c. ADDRESS OF CO	b. PICKUP  /E BEEN MADE UNDER T  c. NET POUNDS (Actual or estimate)  ditions printed on the bacontractor (Street, Suite in the policy of the picket.	c. DELIVERY  HESE ORDERS EXCEPT AS  d. POUNDS OF PBP&E (Actual or estimated)  ck side of this form.  Vo., City, State, ZIP Code)  Property is baggage,			
11. EXTRA PICKUP/DELIVER  13. REMARKS  14. I CERTIFY THAT NO OTHER INDICATED BELOW (If no a. FROM a. FROM a. FROM a. SIGNATURE OF MEMBER/EN. d. NAME OF CONTRACTOR (O. 16. CERTIFICATE IN LIEU OF household goods, mobile	HER SHIPMENTS AND ONE, Indicate "NONE.  MENT RESPONSIBIL and understand my supplies and understand my	D/OR NONTEMPORA")  ITIES/STORAGE CO hipping responsibilit b. DATE SIGNED  rary storage)  IS FORM IS REQUIR	a. PACK  ARY STORAGE HAV  b. TO  NDITIONS ies and storage cond c. ADDRESS OF CO	b. PICKUP  /E BEEN MADE UNDER T  c. NET POUNDS (Actual or estimate)  ditions printed on the bacontractor (Street, Suite in the policy of the picket.	c. DELIVERY  HESE ORDERS EXCEPT AS  d. POUNDS OF PBP&E (Actual or estimated)  ck side of this form.  Vo., City, State, ZIP Code)  Property is baggage,			
11. EXTRA PICKUP/DELIVER  13. REMARKS  14. I CERTIFY THAT NO OTHER INDICATED BELOW (If no a. FROM a. FROM a. FROM a. SIGNATURE OF MEMBER/EN. d. NAME OF CONTRACTOR (O. 16. CERTIFICATE IN LIEU OF household goods, mobile	HER SHIPMENTS AND ONE, Indicate "NONE.  MENT RESPONSIBIL and understand my supplies and understand my	D/OR NONTEMPORA")  ITIES/STORAGE CO hipping responsibilit b. DATE SIGNED  rary storage)  IS FORM IS REQUIR	a. PACK  ARY STORAGE HAV  b. TO  NDITIONS ies and storage cond c. ADDRESS OF CO	b. PICKUP  /E BEEN MADE UNDER T  c. NET POUNDS (Actual or estimate)  ditions printed on the bacontractor (Street, Suite in the policy of the picket.	c. DELIVERY  HESE ORDERS EXCEPT AS  d. POUNDS OF PBP&E (Actual or estimated)  ck side of this form.  Vo., City, State, ZIP Code)  Property is baggage,			

#### PRIVACY ACT STATEMENT

AUTHORITY: 37 USC 406, 5 USC 5726; and E.O. 9397.

**PRINCIPAL PURPOSE(S):** Primarily used for evaluating requests submitted by Service members and eligible individuals for shipment and/or storage of personal property. Also used to prepare the Government bill of lading and other shipping documents (as applicable) to move the personal property. Used by the Finance Office for collection from the member in case goods to be shipped exceed Government entitlement limits.

**ROUTINE USE(S):** DD Form 1299 is provided to commercial carriers and shipping agents as the official shipping and storage order.

**DISCLOSURE:** Voluntary; however, failure to provide the requested information may delay shipping dates and impede storage arrangements.

#### CERTIFICATION OF SHIPMENT RESPONSIBILITIES

In consideration of said household goods or mobile homes being shipped at Government expense, I hereby agree that:

- 1. This shipment/storage lot consists of my property or the property awarded to my ex-spouse incident to a divorce which was acquired by me prior to the effective date of my orders.
- 2. If my orders are modified or cancelled and affect this shipment, I will immediately notify the shipping office at point of origin (or port, if any) and destination.
- 3. I will remit the proper amount or consent to the collection from my pay as may be necessary to cover all excess costs occasioned by this shipment.

- 4. I agree, prior to shipment and at my expense to place my mobile home in condition to withstand transportation.
- 5. I understand that transportation of my mobile home and shipment of baggage and household goods within the United States are provided in Chapter 10, JTR.
- 6. I understand the Government will not be responsible for goods remaining in storage after the expiration of the authorized period.
- 7. Professional books, papers and equipment are or were necessary in the performance of official duties.

#### CONDITION FOR STORAGE

In consideration of said household goods being stored at Government expense, I hereby agree as follows:

- 1. I will notify the transportation office responsible for storing my nontemporary storage account of any changes in my storage entitlement.
- 2. The Government is authorized to enter into any agreement and to do all acts and things which may be convenient or necessary to store the household goods. Storage of the household goods is furnished subject to such applicable laws and regulations as are now or may hereafter be in effect.
- 3. The Government may store the household goods in Government facilities or in commercial storage under a Government contract.
- 4. The Government may move or transfer by any appropriate means the household goods from their present location to Government or commercial storage facilities and from such facilities to an appropriate destination upon termination of storage.
- 5. When the household goods are stored in Government facilities and the authorized period for storage at Government expense expires, the Government may require me to remove the household goods from their place of storage. In the event, after 30 days notice, I fail to remove the

household goods, or if, after diligent effort, notice to me cannot be effected, the Government may proceed as follows: (a) place and store the household goods in commercial storage at my expense, or (b) if a commercial warehouse will not accept the household goods for commercial storage at my expense, the Government is hereby authorized to take whatever action in accordance with law and regulation may be deemed appropriate to effect disposition of the household goods.

- 6. When the household goods are stored in commercial facilities and the authorized period of storage at Government expense expires, all storage and incidental charges accruing after the last day of the authorized period of storage shall be at my expense.
- 7. The Government shall not be liable for charges incident to storage or services in connection with the household goods (1) not authorized by law or regulation to be at Government expense, (2) in excess of weight limitations imposed by law or regulation, or (3) after the expiration of the period of which storage at Government expense is authorized.
- 8. Government contracts for the storage of household goods limit the liability of the warehouseperson to \$50 per article or package as listed on the warehouse receipt. Applicants are advised to consider obtaining insurance on their household goods while such goods are in storage.

### Instructions for Completing the DD Form 1797

#### Page 1 (Front)

Block 1. Fill out your name; last, first, then middle initial.

Block 2. Fill out your Social Security Number.

Block 3. Fill out your pay grade/rank.

#### Page 2 (Back)

Block 8. Read and initial all statements.

Blocks 9c and 9d. Sign and date the form.

You do not need to fill out the other blocks; they are used in briefings, and by initialing through block 8 you are waiving the briefing.

#### PERSONAL PROPERTY COUNSELING CHECKLIST

#### PRIVACY ACT STATEMENT

AUTHORITY: 37 USC 406; 5 USC 5726; and E.O. 9397.

**PRINCIPAL PURPOSE(S):** Primary purpose is to ensure the member, dependent, and government employee has been briefed properly on the movement of their personal property within the Defense Transportation System. Information collected in this system may also be used in determining validity of claims for damage and improper shipments and any third party responsibility.

**ROUTINE USE(S):** Information contained in this system of records may be provided to a carrier, for the purpose of helping to resolve or adjudicate claims brought by Defense Transportation System users.

DISCLOSURE: Voluntary; however, failure to provide the requested information may delay settlement of a claim.

1. NAME (Last, First, Middle Initial)	2.	SOCIAL SECURITY NUMBER	3. GRADE/RANK/RATING			
4. ISSUING AUTHORITY		ORDER NUMBER AND PARAGRAPH	6. DATE (YYYYMMDD)			
7. CHECKLIST (Record special instructions on back)						
PART I - HOUSEHOLD GOODS		PART II - UNACCOMPANIE	D BAGGAGE (Continued)			
(1) Entitlements under the order described above (number of shipments,		(7) Items of extraordinary value.				
authorized destination, etc.)		(8) Whom to contact in the event of loss or damage.				
(2) Weight allowances: PCS TDY		(9) VIP - Very Important Papers (th	he importance of documentation).			
(3) Weight restriction at new duty station, if any.		(10) Member's responsibility to com	plete and turn in quality control form.			
(4) Member's responsibility to reimburse the Government for any excess costs occasioned by this/these shipment(s).		(11) Member's responsibility to reim costs occasioned by this/these	nburse the Government for any excess shipment(s).			
(5) Pickup date and required delivery date as determined by requirements		(12) Unauthorized items and dispos	al of useless items.			
of the member: PUD RDD		(13) Professional books, papers, and	d equipment.			
(6) Mode/method of shipment, including name of carrier if known.			tact the destination ITO immediately contact for the ITO when property			
(7) Unauthorized items and disposal of useless items.		arrives.	contact for the 110 when property			
(8) Professional books, papers, and equipment.		(15) Procedure to designate agent to release property or accept property in				
(9) Member's responsibility to prepare and submit a complete DD Form		absence of member and use of Power of Attorney or informal letter of authority.				
1701, Inventory of Household Goods.		PART III - NONTEMPORARY STORAGE				
(10) Servicing/deservicing appliances.		(1) Entitlements under this order, s	special services, etc.			
<ul> <li>(11) Temporary storage (contractual or intransit).</li> <li>(12) Checking inventory at origin and destination, noting discrepancies on reverse of PPGBL, DD Form 619, and carrier's inventory prior to signing</li> </ul>		(2) Included as part of HHG weight allowance when stored at Government expense.				
					(3) Where stored and for how long	].
		(13) Checking DD Form 619 prepared by carrier at origin for complete		(4) Pickup date.		
accuracy of information recorded thereon.	(5) Appliance servicing.					
(14) Member's responsibility to sign delivery documents and release them to carrier immediately upon delivery of property and completion of		(6) Checking inventory at time of pickup.				
delivery services and annotation of discrepancies.  (15) Member's responsibility to contact the destination ITO immediately	-	(7) What documentation given to member and its importance to him.				
upon arrival to give a point of contact the destination from infinitely arrives.		(8) Items of extraordinary value, excess weight/cost.  (9) Member's responsibility to reimburse the Government for any excess				
(16) Member's responsibility to contact origin and destination ITOs if there is any change in orders or there are other factors that could affect	costs occasioned by this/these shipment(s).					
delivery of the shipment.		(10) Unauthorized items and dispos	al of useless items.			
(17) Extra pickup or delivery charges, when applicable.		(11) Professional books, papers and	· ·			
(18) Procedure to designate agent to release property or accept property in absence of member and use of Power of Attorney or informal letter of authority.		(12) Member's responsibility to contact the destination ITO immediately upon arrival to give a point of contact for the ITO when property arrives.				
(19) What documentation given to member and its importance to him.			o release property or accept property in f Power of Attorney or informal letter of			
(20) Member's responsibility to complete and turn in quality control form.		authority.	1 3 Wor of Attorney of Informal letter of			
(21) Member's responsibility to ensure PP items are free of soil/pest infestation.		PART IV - HOUSE TRAILERS/MOBILE HOMES				
		(1) Entitlements under this order, limitations, possible costs.				
PART II - UNACCOMPANIED BAGGAGE	1	(2) Services authorized at Governme	ent expense and those billed to member			
(1) Included as part of HHG weight allowance when shipped at Government	t	(3) Responsibility of member to get	trailer ready for movement.			
expense.	1	(4) Inventory and contents of trailer. Items that cannot remain in trailer.				
(2) Weight allowances: Member Dependents	1	(5) Pickup and delivery dates.				
(3) What can be shipped as unaccompanied baggage.	1	(6) Intransit storage and probability of excess costs.				
(4) Pickup and delivery dates.	1	(7) Carrier and Government liability.				
(5) Preparation - Copy of Orders in each container just before closing it.	1	(8) What documentation given to member and its importance to him.				
(6) How and by whom shipped.		(9) Responsibility to promptly submit quality control information.				

7. CHECKLIST (Continued)						
PART V - PRIVATELY OWNED VEHICLES (POV)	PART VI - WEAPONS AND AMMUNITION					
(1) Does vehicle qualify as a POV.	(1) Limitations and restrictions of country to which assigned.					
(2) Authorizations, restrictions, special Host Government requirements.	(2) US Government requirements and restrictions applicable for import.					
(3) Applicable port of embarkation and debarkation; alternates if needed.	(3) Special forms and procedures; responsibilities of carriers, etc.					
(4) Preparation of POV prior to delivery to port.	PART VII - LIABILITY, CLAIMS, PROTECTION					
(5) Application and other documents required; Power of Attorney if required.	(1) Carrier, storage firm and Government liability for loss or damage.					
(6) Excess costs, when applicable; oversize; excess distance.	(2) Carrier and Government liability for mobile home. Liability for repairs enroute.					
(7) Checking inventory of items left in POV; origin and destination.						
(8) Secure lien holder's permission if required.	(3) Carrier and Government liability for POV.					
(9) Responsibility to provide Port of Debarkation proper address where	(4) Limitations on Government liability.					
notification of arrival can be sent; period POV can remain at port.	(5) Importance of documentation - accurate inventory exception on					
(10) Joint inspection of POV at time of delivery and pickup.	delivery, etc.					
(11) Licensing and insurance requirements of state or overseas country.	(6) Valuation of items of extraordinary value - substantial value.					
(12) Foreign manufactured POVs.	(7) Whom to see at destination in the event of loss or damage.					
(13) Delivery of POV to port by agent; special requirements for.						

#### 8. SPECIAL INSTRUCTIONS

#### 9. CONFIRMATION OF COUNSELING

I understand that if I elect to ship any household goods at Government expense to a designated location when the waiting period for any type of housing at or in the vicinity of the oversea duty station is less than 20 weeks (as determined by the oversea commander), all entitlement to further shipment of such property at government expense will be exhausted until such time as I receive subsequent PCS orders returning me to CONUS or assigning me to another oversea duty station.

#### a. I HAVE BEEN BRIEFED RELATIVE TO THE DISPOSITION OF MY PERSONAL PROPERTY AS FOLLOWS:

(X)	YES	NO	(X)	YES	NO
(1) HOUSEHOLD GOODS			(6) MOBILE HOMES (\$150.00 limitation on repairs enroute)		
(2) NONTEMPORARY STORAGE			(7) WEAPONS AND AMMUNITION		
(3) PRIVATELY OWNED VEHICLES			(8) I HAVE BEEN FURNISHED A COPY OF THE PERSONAL		
(4) LOSS AND DAMAGE			PROPERTY SHIPPING INFORMATION PAMPHLET.		
(5) UNACCOMPANIED BAGGAGE					
h SICNATURE OF COUNSELOR	~ CI	CNAT	LIDE OF MEMBER/DEDENDENT/ACENT & DATE //	//////////	

(4) LOSS AND DAMAGE			PROPERTY SHIPPING INFORMATION PAMPHL	ET.		
(5) UNACCOMPANIED BAGGAGE						
b. SIGNATURE OF COUNSELOR	c. SIGNATURE OF MEMBER/DEPENDENT/AGENT		d. DATE (Y	YYYMN	1DD)	

Household Goods Weight Allowance Table							
Pay Grade	W/O Dependents	W/ Dependents	TDY*	UB WT**			
O-10	18,000	18,000	2,000	1,000			
O-9	18,000	18,000	1,500	1,000			
O-8	18,000	18,000	1,000	1,000			
0-7	18,000	18,000	1,000	1,000			
O-6	18,000	18,000	800	800			
O-5 / W-5	16,000	17,500	800	800			
O-4 / W-4	14,000	17,000	800	600			
O-3 / W-3	13,000	14,500	600	600			
O-2 / W-2	12,500	13,500	600	600			
O-1 / W-1	10,000	12,000	600	600			
E-9	13,000	15,000	600	***500/400			
E-8	12,000	14,000	500	***500/400			
E-7	11,000	13,000	400	***500/400			
E-6	8,000	11,000	400	***500/400			
E-5	7,000	9,000	400	***500/400			
E-4 > 2 YEARS	7,000	8,000	400	***500/400			
E-4 < 2 YEARS	7,000	8,000	400	***500/400			
E-3	5,000	8,000	400	***500/400			
E-2	5,000	8,000	400	***500/400			
E-1	5,000	8,000	400	***500/400			
CIV-ALL	18,000	18,000					

<sup>\*</sup> APPLIES TO TDY ENROUTE TO PCS

ESTIMATE 1000 LBS PER ROOM, DO NOT INCLUDE THE BATHROOM

IF YOU HAVE ANY PROPERTY IN A STORAGE UNIT, CRAWL SPACE, BASEMENT, ATTIC OR IN THE GARAGE, PLEASE INCLUDE THIS WEIGHT ALSO.

MAJOR APPLIANCES ARE 250 LBS.

\*\*\*UPDATED 27 JAN 05\*\*\*

<sup>\*\*</sup> DEPENDENTS OVER 12 YEARS OF AGE = 350 LBS
DEPENDENTS UNDER 12 YEARS OF AGE = 175 LBS

<sup>\*\*\*</sup> UNACCOMPANIED TOUR = 500 / ACCOMPANIED TOUR = 400

## Helpful Websites for Household Goods Moves

http://www.sddc.army.mil
click on the link "Personal Property/POV"

The above website and link can be used to access the following pamphlets and guides:

It's Your Move

JFTR (military)—Joint Federal Travel Regulation

JTR (civilian)—Joint Travel Regulation

Shipping Your POV (Overseas PCS)

Storing Your POV (Overseas PCS)

CONUS PPCIG (Personal Property Consignment Guide)

OCONUS PPCIG (Personal Property Consignment Guide)

Defense Transportation Regulations (DTR)

http://www.atf.treas.gov
Alcohol, Tobacco & Firearms (ATF)

http://afmove.hq.af.mil
Air Force Move Website – very informative

http://afmove.hanscom.af.mil/pages.asp?infoid=120 GI Mail information – follows you wherever you go

Many of the forms required for your move may also be found on our web site: <a href="https://wptmo.wpafb.af.mil">https://wptmo.wpafb.af.mil</a>

Please take a moment to visit our Interactive Customer Evaluation: <a href="http://ice.disa.mil/index.cfm?fa=card&service\_provider\_id=97148&site\_id=545&service\_category\_id=30">http://ice.disa.mil/index.cfm?fa=card&service\_provider\_id=97148&site\_id=545&service\_category\_id=30</a>

Welcome to the Transportation Flight. We strive to provide you, our customer, the best possible service in the USAF. You can help us reach our goal by taking a moment to comment on the service that you received here today. Please drop this survey at the customer service counter or place it into a Base Distribution box.

# CUSTOMER SERVICE AREA PERSONAL PROPERTY SHIPPING OFFICE

	Inbound Non-Temp	Outbound TQAPS	PPM	Qual Customer Serv	lity Control vice
Unsatisfactor	•	Average <b>46</b>		8	Excellen -91(
Suggestions:		Was our	as the quality employee he ou provided the	of service you elpful?	you needed?
		Name: Office Symbol: Phone:			